The Student Nurse's Bible

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Introduction

This book is intended only as a self study guide for all the possible difficult situations that a student nurse may come across during their rewarding career as a nurse. The solutions are practically based and are only intended to be adapted around the situation a student nurse may find themselves at any given time. All names and places have been changed for confidentiality reasons and are fictional. However they are real in terms of a) they can occur and b) they do occur. If you want to just pick out the chapter that effects you at a given time please do so, but I strongly recommend that you read the book in its entirety so that you are sufficiently pre-armed and 'in the know' about anything unpleasant that may come your way (which I promise will)
Nb. This isn't all Florence Nightingale stuff.

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Part One (Getting Started)

Chapter one

Applying for the Course

So you've finally made your mind up you want to become a nurse. You've tried working in shops behind bars pizza parlours factories. But now you've finally put an end to it and decided to become a nurse. But how do you apply to become a nurse? What does it involve and how much studying might one have to undertake. You may be saying I'm not an academic. I'm useless at English and Mathematics but I still want to become a nurse. Fear not most people who endeavour on the nursing course have precisely the same fears. That is they feel they are not up to the academic work. Especially as it is now university based, and the word university strikes fear into the hearts of many a fledgling student nurse. But universities have changed dramatically in the last two decades. They are no longer the bastions of the academic genii and have become the common hunting ground for the average person from working class backgrounds. The most important quality you can take into the course is not academic know how but *Desire.* That is a drive to succeed whatever it takes. If you have that quality then welcome aboard. This will take you far into the course and even over the finishing line. My advice at this stage is to

believe in yourself. Picture yourself now as a nurse in a nurses uniform. Whether this image comes from the television programme 'Casualty' or 'Holby City' it doesn't matter. The importance of visualising yourself as a nurse is the most important image you can have. It will generate a confidence and self belief in yourself like nothing else. And this confidence will pass on to others. Focus your mind now on the end result. You going about in your nurses uniform looking and feeling important, needed by others and respected by others. Visualising yourself as a nurse will increase your confidence and self belief a hundredfold.

There has never been a more exciting time to join the nursing midwifery profession. The number of roles is huge. As a nurse it is possible to work in hospitals, G.P clinics, nursing and residential homes, occupational health services and even the pharmaceutical industry. Nurses also work in prisons, university education on leisure cruise ships or for the armed forces. Nurses focus on the needs of the individual rather than specific illnesses or conditions. By providing care and support they enable individuals and their families to live more comfortable lives.

It is possible to take either a diploma or a degree course to qualify as a nurse. Education is in universities with placements in local hospitals and community settings. The course is 50% academic, 50% practical. The first year is the common foundation programme which will introduce you to the principles of nursing. You will then specialise in either Adult; Children's; Mental health; Learning disability or even Midwifery. Full time diploma courses last three years. Degree courses last three or four years. Midwifery education is also at diploma or degree level. You will learn theory or practical for pregnant women, delivering babies educating and supporting parents. Political and cultural issues affecting maternity care are also covered.

Adult nursing

The number of opportunities for those qualifying in the adult branch are immense. This could be working in hospitals, or even in the community. In peoples homes, attached to a health centre or in nursing homes. You will care for, support and educate people of all ages. Once qualified many nurses specialise in areas such as cardiology, infectious diseases, accident and emergency and obesity clinics, practice nursing at your local G.P, health visiting or even school nursing.

Children's Nursing

Those qualified in the children's branch of nursing work with the 0-18 year olds in a variety of places. From newly born baby care units to teenagers with physical and social problems. Children react to illness in many ways that are different from adults. This is why they need to be cared for and supported by specially trained nurses who understand their particular needs. Children's nurses also support, advise and educate particularly close relatives. Once qualified it is possible to specialise in areas inside of hospitals or in the local community such as , intensive care, drop in centres and school nursing.

Learning Disability Nursing

About 2-3% of the population has a learning disability. Nurses who qualify in this help those with learning disabilities to live independent and fulfilling lives. This revolves around working with people who live in supported accommodation. Typically 3-4 people with learning disabilities live together in flats or houses with 24 hour support. Some nurses work with people who require more intensive care for instance in hospitals or specialist secure units. Other specialise in areas such as epilepsy management or working with sensory impairment.

Mental Health Nursing

Mental health nurses work with G.P's, psychiatrists, social workers and others to co-ordinate people suffering from mental illness. The vast majority of people with mental health problems are nursed in the community. Nurses plan and deliver care for people living in their own home, in small residential houses or specialist hospital services. Some are based in health centres. Specialisms include Schizophrenia, Counselling, Forensics and substance misuse.

Midwifery

Many midwives carry their own caseload of women and work in the community. Others are midwives in hospital. There are opportunities to specialise in public health, women's health, and run services such as teenage pregnancy advice.

Funding

Those who undertake an NHS funded degree course will receive a means tested bursary. The grant allowance however will depend on your income or that of your partner/parents. Those who undertake an NHS funded diploma course receive a no means tested bursary which currently stands at £5,432 (£6,382 in London). Depending on your circumstances you may for extra allowances e.g. if you have children.

Further information is available from the following organisations:

The NHS Students Grants Unit
Rm 212c Government buildings
Norcross
Blackpool
FY5 3TA

Tel. 01253 333 314(Degree enquiries)
Fax. 01253 333256

In Wales.
NHS Wales Student Award Unit
2nd floor
Golate House
101 St Mary Street
Cardiff
CF10 1DX

Tel 029 2026 1495
Fax. 029 2026 1499

In Scotland.

The Students Award Agency for Scotland
3 Redheughs Rigg
South Gyle
Edinburgh
EH12 9HH

Tel. 0131 4768212

In Northern Ireland

The Department of Higher and Further Education.
Student Support Branch
4th Floor Adelaide House
39-49 Adelaide Street
Belfast
BT2 8FD

Tel. 028 9025 7777

Entry Requirements

Personal Qualities

If you enjoy working with people and would like to make a difference to the lives nursing offers you. You need to be non-judgemental and a good communicator, with the ability to listen, empathise and provide support. Nursing attracts all kinds of personalities from all sorts of backgrounds. Whether you're an extrovert or an introvert you'll find an area of nursing that helps you fulfil your potential.

Age

By law you must be aged 17 and a half (17 in Scotland) at the start of the course.

Health

You have to complete a health questionnaire when you apply for the nursing or midwifery course and you will be also sent for a medical to prove your fitness. If you have a disability you may find it useful to contact (The National Bureau for Students with Disabilities on 0800 328 5050) or on the website www.skill.org.uk.

Past Convictions

If you have any past convictions you will need to declare this on your application form. They will also ask you to sign a form allowing them to check whether or not you have a police record. You will automatically be barred from entering the nursing profession if you have a criminal conviction or caution. The University will take into account the circumstances surrounding the event and should treat any information in the strictest of confidence.

Qualifications

The minimum entry requirements are give below. But bare in mind many Universities will expect you to hold more than the minimum including A levels.

5GCSE/GCE O levels, grade C OR ABOVE (INCLUDING English and a Science/Maths .) or
5 CSE's grade 1; or
5 SCE's grade 1 (Scotland); or
5 SCE's ordinary, grades A-C (Scotland); or
GNVQ Intermediate level plus one GCSE/GCE O level, grades A-C; OR
GNVQ Advanced level or NVQ level 3; or

SVQ level 3; GSVQ (Scotland); or
SVQ level 2 (Scotland) if the programme began after September 2000
A Kite marked Access to Higher Education course; or
EDEXEL Foundation (BTEC) National or Higher National Diploma; or
Passes in the Northern Ireland Grammar School Senior Certificate of Education; or
A qualification awarded by the NNEB dated from 1985, including the Diploma in P? Studies.

Nursing cadets

If you do not hold any of the above qualifications you can apply for a new initiative called the cadet scheme. Run by various NHS trusts in England, this scheme enables you to undertake a training programme, successful completion of which gives you an NVQ level 3 or Access qualification. You are the seconded to a nearby university to take a nursing diploma course registration as a nurse. Further details are available from NHS Careers.

The Application Process

There is a central application process for both degree and diploma programmes.

For degree programmes you will need to apply to:

The University and Colleges Admissions Service (UCAS)
Barn Lane
Cheltenham
Gloucestershire
GL52 3LZ

Tel 01242 227788- for application package only
01242 222444- general enquiries
Fax: 01242 544961

For Diploma programmes you will need to apply to

The Nursing and Midwifery Admissions Service(NMAS)

Rosehill
New Barn Lane
Cheltenham
Gloucestershire
GL52 3LZ

Tel: 01242 223707- application package only
01242 544 949- general enquiries
Fax: 01242 544 962

Chapter two

Beginning nurse training

Okay so you've set yourself on the road to self discovery,

you've had the calling. You know that there is a big deficit of nurses in the country and there will be for some time to come. You want to do something worthwhile with your life. You want to be a someone not just anyone. All good reasons for choosing to be a nurse and there are hundreds more. But are you ready for the journey or are you unprepared. Let me help you guide you on your first port of call the training. This can last three years of your life. This believe me will sometimes feel like 10 years and then after it has finished feel like only 10 days. Let me begin with day one, this is often called the 'icebreaking' session.

Your scared, maybe nervous of meeting new people, feeling uncertain of yourself. Lacking confidence and self belief. This is natural. Believe me everyone else in the room are feeling exactly the same way. The first thing to remember is that you are not alone. All these people in the room some of whom no doubt will become close friends are feeling insecure and unsure they are doing the right thing. This is natural. To survive the day and get the most out of it you are going to have to enjoy it. How can you do this? Well first of all laugh. There will be a lot of friendly banter between you and your trainers that day. Try laughing don't be afraid of anyone looking at you feeling self conscious. Stretch a lot too again his will help you relax. You will notice people in the group that appear to do the most talking (extroverts or leaders). And you will notice people in the group that don't say a word looking sheepish (introverts). Remember that both are qualities desirable to nursing and that we are what we are as human beings. It doesn't matter which one you are. As the day progresses you may or may not have begun to form friendships again it doesn't matter as these friendships may change several times during the course. Nothing is fixed at this stage. Don't be afraid to ask lots of questions if you are unsure of anything. Again it is important to stress that most people are worried about what others are thinking about them to even notice you. And at the end of the day reward yourself. Buy yourself a treat. You've taken

the leap of faith and survived. Congratulations.
For the rest of the week a panic might set in. you will have a lot of paperwork thrown at you. Be directed to many classrooms which you may or may not know the location of. And be bombarded with miscellaneous information that your brain may find it impossible to store. Do not panic. Remember the golden rule. Enjoy. If you miss anything it can be picked up later. There is lots more time than you think. Lots more. And at the end you will succeed because there will be enough support i.e. mentors, trainers or new friends around you to ensure that you will succeed. Just let the information come to you naturally as much as you need. You will take in a lot more if you aren't stressed or panicky. Remember to keep laughing and to keep relaxed. The priority is to enjoy what you are doing. Anything else is a bonus.

Aim to be organised to rid yourself of any stressful feelings. I'm not saying be a super secretary but to keep all work separately filed in your bag, briefcase. don't mix work up keep each topic separate in either a paper folder or a plastic one. Know what you've got and where to find it. This will give you a head-start on the others.

Have you ever seen panic like never before. Then witness hundreds of students flapping like headless chickens at the thought of having to get an assignment in on time. These form the bulk of the written work on the course. They are short essays on all topics to do with nursing. If you pass first time then great but you are usually allowed to do them again and maybe again until you successfully pass them. Remember your tutors want you to pass and will help you in any way they can to make sure that you do. Most of the information you will need to pass will be from libraries and journals and the internet. It is important to stress three thing for successfully passing an assignment.

1. Stick to the facts. Do not personalise assignments
2. Keep all information gathered as up to date and as relevant as possible.
3. Learn to reference correctly.

The last point is fundamental as is often a key reason why most students fail assignments so I shall outline and simplify how to reference correctly. (See appendix B).

And then comes the placements. These are localities in the community or hospitals to give you an insight into what lies ahead as a nurse. It can be anything from a hospital ward to a school classroom. it can involve encountering dysfunctional families, problematic children, pregnant mothers, in fact anything at all. The key thing to remember is that your not a nurse yet you're their to experience and learn. Throughout all you're placements no-one will have any high expectations of you, and from that point of reference it is better that you try not to impress but rather to enjoy and take everything slowly in order to understand and learn the principles that are being taught to you. The placements really are the best bit of the course, try not to get worked up about filling in books to take back to university. Again this will happen anyway. See them as voyages of discovery and you will get much more out of them.
One humorous moment was when I was on a maternity suite placement, (Yes even the boys have to do this one). I was approached by a midwife who asked me if I would don a surgical mask and a pair of green Wellingtons. When asked why as I scrambled into my new costume I was told to just go through those set of doors. As I went through the doors I was hurriedly directed to the front of a crowd of people. I wasn't prepared for this and when I saw a woman having a 'window' cut for a baby to be lifted from her womb I went straight into faint mode. The sweat dripped from me and the

room became woozy. I clung on long enough to see the full caesarean procedure. Asked how I felt afterwards I nonchalantly iterated the word 'interesting'.

Branching

The second half of the course you will branch off into you're chosen field of nursing. This may be general, children's, learning disabilities or mental health. You're group will become smaller and as such more intimate. You will have already got to know each others foibles and ways and have formed firm alliances. Or you still may be the loner in the group. It doesn't matter as your goal is to qualify as a nurse come what may. During this branch programme you will discover knowledge and skills specifically related to your field of interest. This may generate increased motivation as you may feel you are at last getting somewhere.

One of the greatest concerns talked about by all student nurses is that they aren't learning everything they should. That they lack confidence in certain areas egg. Giving an injection. Now I'm going to let you into a secret. Nurses that have been qualified 30 years or more are prone to moments of self doubt. Moments of hesitancy. That is all part of being a human being and not a machine. You will always have these feelings. And believe me it is far more dangerous NOT to have them than to have them as overconfidence can lead to trouble. And remember that throughout your nursing career you are always learning. You will never have all the answers. I hope this will put your worries at ease about not being good enough. Remember that if your never sure of anything you DON'T have to do it, in fact don't do it but ask for someone's else advice. Never feel embarrassed to do so.

Exams

You may or may not have intermediatery or final exams. Okay exams aren't for everyone but everyone wants you to pass. There is a severe shortage of nurses in this country and from that standpoint all your tutors want you to succeed. And succeed you will but it wont be determined by just passing a final test. No, it will be from travelling through three years of life changing experience that you have been privileged to have been through. You are already a success before the exam. Come what may congratulations on completing the course. I have included an appendix on all the relevant drugs in nursing. This is because as a student nurse (or qualified) you can often fret as to not having enough knowledge in this area. The words used for drugs are quite obtuse and difficult to remember but after so many time saying them aloud and writing them down on a Kardex they will become second nature to you (See Appendix A).

Making New Friends

Some people make friends quickly some people don't. There isn't a proven formulae for this kind of thing but you can do things to improve your circle. There are lots of books written on how to be liked and to influence people but at the end of the day it is just about being your true self. You don't have to try to fool people into thinking your interesting. The one true quality that people like in others is the person that will listen and not talk about themselves. Those that do are bores and quickly lose the interest of others. Listen first is the best recipe for success. If you do talk about things outside of nursing topical things in the news. Etc. etc. Broaden your knowledge of issues outside of nursing. People will quickly discover that you are a hidden

resource of knowledge. This makes you more interesting and will increase your chances of making new friends. Also beware of people who push themselves on to you. You will quickly discover that these people aren't loyal and move quickly from one association to another.

How to ask questions to the lecturer

Every now and then the lecturer will pause for breath and ask a question to the class. They hopefully will get some sort of response and this will hopefully contain the correct answer. If not I'm sure they will put you right. But hold on, don't make it so easy for tem and their wonderful salary. (Which they'll say they earn every penny). As much as they ask questions then the class should ask too. I became known as a right pain the ass when it came to asking questions (many so obtuse that they often though I was sectionable). Asking questions serves three purposes. Firstly it may put you in the picture for a dilemma or lack of knowledge that might be causing you concern. Secondly it will highlight the fact that your are motivated and an avid pupil to the lecturer. And thirdly it will put the lecturer on the back foot and hopefully bring out the best in them. They are human beings too and prone to losing motivation and feeling a little uninspired. Think of the lecturer and pupil as a team and by asking questions of each other will make a more dynamic learning experience for both of you. Once you start asking questions the hardest bit will be biting your tongue o stop overdoing it. And by asking questions in front of 50 or more other pupils it will increase your confidence of public speaking one hundred fold.

The role of your personal tutor and how not to be fobbed off

At the start of the course you will be allocated a personal tutor to assist you through the three years of training. These people are there to help you with academic problems and work placement related problems. They are often incredibly busy people having hundreds of pupils to cater for at one time so try to keep on their good side. Having said that they are paid to help you and if you think you are getting a raw deal then they should be made aware of this. You will undoubtedly run into difficulties during the three years and at some particular point you will need the assistance of your personal tutor. Make your voice heard and stick to the facts. Expect some kind of outcome and action from your tutor and don't accept second best or being fobbed off with some kind of half-hearted answer. If you feel that your personal tutor is not meeting your needs then you can request to change to another one. This happens and if it does you need to be clear as to why you are requesting a change and not make it a personal issue. Again stick to the facts.

Failing assignments

When I started my course the one area I was brimming with confidence with was the academic side. I had a good way with writing was very good at spelling and unlike most of the

other students was totally undaunted by the prospect of succeeding in getting past these compositions. But you know what. I was the only one to fail the first and on paper the simplest assignment. A 1000 word write up on a skill you had learned on the ward. I chose blood pressure something that was routine and straightforward. But I fell into the trap most students fall into at the start of the course. I didn't follow the criteria. The criteria is handed to you with the assignment details. It a list of requirements by the university that you have to complete in order to pass the assignment. Because my English and narrative style was good at essay writing or story composition. This was NOT what they wanted. They didn't want Steven King or William Shakespeare. They wanted the criteria. It took me many days to get my head round this one. But when I re-read it I began to understand. It had absolutely no referencing. I didn't feel the need to do this because I thought it to be simplistic and childlike. Backing up your statements as if you needed help and support with them, laughable. Fortunately I am a quick learner. And even better I had failed where all the others hadn't. This made me stronger as I was now mentally prepared for this. And when many of others failed later on and appeared devastated I had the knowledge that failure couldn't break me. What can is giving up and not learning from mistakes. Remember this on your course. It is not about perfection but about recognising your weaknesses and strengthening them. If you fail an assignment find out exactly why you failed, put it right and move on. Don't dwell on failure use it as a learning opportunity.

How to manage your finances

You will be either being paid a bursary or a student grant depending upon which course you are attending. Either way up it isn't a great deal of money. But it is ample enough to survive on if you know how to budget correctly. What you need to have is plenty of discipline and self control. You need to prioritise your survival needs which are warmth and food. Make sure that you have always enough to cover the fuel bills and always enough to eat properly. I developed recipes that cost less than a pound to buy and cook. They were solid bulking foods that covered all the carbohydrates protein and vitamins necessary to get you through the most arduous of days. One meal was pasta tinned tuna and tinned tomatoes (Carbohydrate, protein and vit C in abundance. You can mix it up by adding other vegetables and you can eat as much pasta as you want without breaking your budget. I still eat this meal today and still enjoy it thoroughly. Try to avoid public transport. Cut out things like mobile phones or get pay as you go but only use it in emergencies. Don't go on expensive night outs. If you want a drink and to socialise get a cheap bottle of something and either go to a beauty spot with some friends or go round to their pad and use their gas, electricity. Don't smoke. But if you are addicted then smoke roll ups as they work out a lot cheaper. Don't take out student loans that will be thrown at you by the bank. You will be paying these back for years after and will prevent you from getting the job you really want after qualifying. If you do get a loan make it for emergencies only. And I mean emergencies. If you need course books then buy second-hand from other students. They often will take less than half price for the books that they bought saving you a lot of expense. Look for money off coupons and for two for one sales in supermarkets. Shop at supermarkets just before they close and you will find quick sale items at a fraction of what they were costing earlier in the day. If you need a holiday then look in the papers for free self catering holidays. These will give you your accommodation and you can get early

saver rail tickets at big discounts. Go self accommodation and cook those cheap meals, buy the cheap plonk and rollups as mentioned before get a good book and lie on the beach all day if need be. The total cost of the holiday I guarantee will be just your weeks bursary or grant. No debts incurred and you've had a holiday and a good time. I went through my three years having a good time having a good diet socialising well and having all the books I needed. WITHOUT BORROWING. You can do it too just tighten up and learn to be frugal with your money and when you get that first months salary it will be all yours.

Which branch for you?

Now here's the crunch question. Which branch should you go into. You have a choice of five. Adult. Children's. Mental health. Learning difficulties or Midwifery. Well usually you have made your mind up before the course starts. But people do change their mind as the course progresses. I switched from adult to mental health. This was because I had countless comments on how I would rather sit and chat to the patients about their feelings rather than help them get changed. You will discover things about yourself as the course progresses. Things you will like or dislike. Don't be too hard on yourself we all have strengths and weaknesses in certain areas. I just happen to like learning about peoples emotional needs and feelings. Maybe your more practically

minded and lean more towards adult. Maybe you are more bent on caring for children. Maybe you like the euphoria of delivering a new born into the world. Or maybe you like trying to understand people who struggle to make themselves understood in the world. Which course is for you is more a journey of self discovery. Finding things out about yourself. Remember you can change courses like I did and a lot of others do too. Nothing is set in concrete. Even after you qualify you may wish to switch branches and there are conversion programmes to enable you to do this.

Chapter Three

Ward Placements

The Code of Confidentiality

Before you even set foot on a ward one section of nursing is probably more important than others to mention. This is the area of *confidentiality*. There is a lot of personal information being handed to you whether in written or spoken word. This is confidential. All of it. It remains on the ward and nowhere else. If you speak it to others family friends et al. You are in breach of this code. From time to time it does happen though. You may tell your husband or wife of lover something you have heard, seen, been part of on your shift that day. It may be a neighbour has gone in for treatment like a sexually transmitted disease. It may be a neighbour has been assaulted by her husband and left with a broken jaw. All of this sounds like juicy gossip. But remember do you want to be known as a blabbermouth. that's all you will achieve by spouting off. You need to release the feelings it has created inside of you. This will pass over time as nothing will shock or phase you as you become battle hardened. But a cautionary tale to all. Knowledge is power. And you most trusted confidante can soon become your most hated enemy. If you divorce or fall out with someone you have imparted important knowledge to them. And you will rueing the day you told them of something. Quickly learn to keep work at work. Its tough but the rewards will be immeasurable later on I can assure you.

Im going to be honest here. If you are a rookie then you will only be asked to do the menial tasks. I.e. preparing dressings, fetching information r maybe just making cups of coffee. (Don't worry it does get better). Your main reason for being there however is to get you to know the ward layout.

Most wards are the same layout. You have beds, nursing stations, side rooms, sluice rooms, toilets, and equipment

rooms.
And if the nurses are lucky they will have their own staff room. The sluice room is used for carrying out all the waste disposal and dirty laundry. These should be emptied several times during the day for infection control reasons. Always remember to use gloves if handling soiled bedding etc. This is the easiest way to transmit infections. Especially in light of M.R.S.A which is a predominant factor in most hospitals now in making people very ill. Learn the fire points. You may never and hopefully so need to press one but it is good practice for wherever you work so learn them. Also remember there are emergency buttons and cords to press and pull both above the patient's beds and in the toilets. If in doubt in a crisis don't hesitate, use them. Time can save lives. I've seen so many nurses care assistants just stand around waiting for someone else to act. Learn to be the first, save the embarassment till later. At the start of every shift you should head for the nursing station for a *handover.* This is not to be confused with hangover, although I've seen a few of those at the start of a shift. The handover is a run down of all the patients care in the past 24 hours. This should include all relevant information and be right up to date. They usually last 20 minutes or so but some people like the sound of their own voices and can over elaborate to the detriment of the patient. Always keep the handover informative and concise. And never bring personal feelings into them as this achieves absolutely nothing. If you are asked to do a handover be clear in your statements and don't be put off by others interrupting. Keep your voice slow and steady and breathe. Also there is no harm in bringing a little hunour into it as this goes a long way in breaking the tension between shifts. It is also vitally important that you learn some of the ward procedures and how these procedures are carried out. For instance it could be something as simple as admitting a new patient to the ward. You will be watching another trained nurse carry out this procedure observing the in interaction and the paperwork necessary to admit the new

patient. Try to mentally gather as much observation as possible. The nursing team wont expect a lot from you so don't feel inadequate and unimportant. You can ask questions but don't overdo it as the nurses are often working under duress and you wont be helping. Ease your way into the placement. That is start off slowly and gradually gain momentum. You may get the occasional glib comment about the student nurse but just ignore this and they will soon get tired of trying to rile you and these people are usually not liked much anyway. Don't concern yourself about filling in your books at this stage. Try to enjoy the experience as much as possible. If you are enjoying it then you will learn more as you will be more motivated.

The Second and Third Years on the Ward

By now you will have gained enough experience to confidently carry out simple nursing procedures (Don't worry if you aren't as it isn't a race and you can still pick up the necessary knowledge through these last two years. You've now moved on to carrying out admissions by yourself (hopefully supervised by a trained nurse). Changing dressings. Preparing and carrying out injections. Removing sutures, taking blood pressures. All the basics of nursing. The more times you carry out these procedures the more confident you will get. I became known as the blood pressure king as I always volunteered for this and began to get it down to a fine art. Don't worry if you feel you haven't had enough practice at a certain procedure as there will be ample time to do this. One of the most common concerns of

student nurses is that of giving injections. They often feel that they cant carry out this procedure without a major calamity happening. Again don't fret as you will over time get more and more used to this. Remember to relax put the patient at ease as if you look scared then they will too. The actual technique will get better the more times you do it. If you make a mistake learn from it and move on. All the nurses you see around you on the ward have made mistakes. We all do. Remember you are a human being not a robot. Practice. Please refer to the how to give injections in the appendix. Again when it comes to getting your books filled in then try to achieve one new outcome each day. Don't try to fit them all in at the end and get in a mad panic because of this. Each outcome is usually straightforward. Speak to your mentor or nurse in charge at the commencement of the shift to tell them what you are hoping to achieve for that day and they will usually do their best to assist you in this matter. Another piece of advice is to find out if your mentor is on a annual leave when you finish your placement. If this is the case then you will have to arrange to meet them when they return in order for your books to be signed. Or arrange for another trained nurse to complete your book in collaboration with your assigned mentor.

Taking charge of the ward

One of the objectives in you learning outcomes required by the course especially so in your final year will be to show certain leadership qualities. This may include taking charge of a ward for a set period. Imagine that you have complete control over a ward. Sounds scary doesn't it? Don't panic though as there will be somebody supervising you to make

sure all is running smoothly. Some people rise to this challenge whilst others absolutely hate it. Where do you start? What shall you do, say, act, etc. etc. Well lets begin by saying that don't be afraid of making mistakes. We all do it and hopefully it isn't serious and can be remedied. Secondly you have the full support of all your colleagues. This is something you should and can expect. Anything less is not good enough. Feeling more confident yet? A key word here also is delegation. As the nurse in charge you cant do everything by yourself. Therefore you will need to delegate to all the staff the jobs you want them to do. Usually they will know enough to act under their own self knowledge. But if you see a job that needs doing that needs attending to then give it to someone. Don't be afraid of approaching anyone. This is an important mental obstacle to overcome. Some people can appear tough as boots and look as though they will bite your head off if you ask them for something. Remember you are in charge don't let them forget this. Another piece of advice I can give you here is not to get too involved. This can take up valuable time and achieves nothing. Ensure that the ward is running smoothly and move swiftly in all areas so as not to fall into this trap. Remember too to never panic. You are the leader and if you look scared then this will rub off quickly onto others. Be assured and confident in your manner and the troops will grow to respect you more and more.

Chapter Four

After training

Your coming up to the end of your course. You still don't know what job you will be doing or where. You know one thing though it will be nursing. Don't get bogged down in your career yet. There are countless opportunities out there for you to get hold of. Remember nurses are in high demand and you will be wanted in a lot of areas. The good thing in nursing is you can move about. Hospitals, communities there will be lots of job opportunities. I feel for starting off its important to be kind to yourself. Look for work close to home as you get accustomed to the shift patters that can at first knock you about. Look for workplaces that you have alternative ways of getting there if your main transport method breaks down. This will create less pressure ensuring you will enjoy your job more. Remember your placements. Which ones gave you most satisfaction and enjoyment. It is probably these that you should be looking to get employment in. Finally if you don't get the job you want straight away don't worry. That job will always be there for you and eventually you will get if you keep reapplying. Everything in job application is a matter of patience and opportunity taking. *Good luck!*

In Conclusion

So that's it you've done your training and now its time for you to put your feet up and take a well earned rest from the madness. But hold on its not quite finished yet. First of all you have to apply for your pin number. Note this can take several months to come through so apply as early as possible. It is not uncommon for newly qualified nurses to begin work in a restricted capacity on a ward before their pin number has come through. This can be a frustrating time for the newly qualified nurse and the manager of the ward who may be including you in their numbers but cannot utilise your

skills fully due to the final clearing. Also remember that you wont be paid for up to two months so you will have to still think like a student until that first pay cheque comes through. So no overspending yet. And when its time to say farewell to your friends I recommend having a little get together so that you can do this properly. You probably will never cross paths together as a group and you will always leave part of you behind at the school of nursing. This has been your home and these have been your best buddies for the past three years and it will be an emotional departure I'm sure. Some of the friends you will wont to keep in touch with and some you will bump into from time to time no doubt. And despite what you went through all the setbacks the hardships the frustrations and the ticking off you will always look back at your training as the best years of your life.

Part Two (or the bits they didn't warn you about)

Chapter One

Violence and Aggression

How can anybody think of hurting a nurse? I mean aren't they the good guys. There to help people who are suffering? Unfortunately we live in an aggressive world. People these days aren't resolved to holding back their anger and as such who better to take it out on than the innocent looking well meaning nurse. Physical assaults on nurses and paramedics are on the increase. It is a symptom of society. The individual that attacks often feel that society has failed them and the nurse represents society for that moment. Hence the assault. There are also a lot of violent people out there too and have no qualms in throwing a punch or two when angry. But what can the nurse do. In this section I have chosen to break down the violent behavior into three different categories to simplify the matter. And each section will be dealt with individually so that whatever situation you may find yourself in you will be well equipped to deal with it.
These are:

- **Verbal abuse**
- **Non-armed physical abuse**
- **Armed physical abuse.**

Verbal abuse can be extremely upsetting for those unaccustomed to it. It can involve a lot of swearing a lot of name calling (i.e. personal attacks on your physiology, persona. It can be threatening in such you don't know where it is leading to and you don't know how to handle it. But as a

nurse you will come across it on a regular basis. So you will have to get used to it. The best way to handle it is DO NOT REACT. The person venting their anger and frustrations upon you want a reaction but if they don't get it then they will usually back off. Keep your voice tone to a low pitched minimum. Do not be confrontative. This is a desired reaction of the aggressor. Do not be passive. This is a desired reaction too of the aggressor. No what you must do is maintain good eye contact. Position yourself at 45 degrees in stance to the aggressor. Speak calmly (not patronisingly as this will only infuriate the aggressor). And then you must try and identify their problem as quickly as possible. Do not bombard the aggressor with questions just make a few statements such as. "I will help you if you let me try and understand what's troubling you?" "You don't have to swear. I am listening and I'll do my best to help you." If the aggressor persists in hurling abuse then you don't have to take it. Back way from them by saying. "If you refuse to let me help you then I shall ask for assistance in removing you from the building." Please read all the section in this chapter as it is vitally important that you know your environment fully before pressing home any counter aggressive statements. Once the verbal attack has gone I recommend you have 10 minutes out in a quiet room to relax. Nobody is a robot. And we all have thoughts and feelings. Identify how you feel and deal with it appropriately. Chilling out for a moment helps enormously.

Physical assaults on nurses are on the increase. Particularly in A+E departments. So from being the savior of the moment you quickly become the victim. This can be both shocking and emotionally upsetting for you if you are unlucky enough to be on the receiving end. There might be a million and one reasons why it happened and I could go into great depth as to pre-meditating factors and not picking up the early warning signals verbal and physical (E.g. Raised tone of

voice, fists clenched, loss of blood to the face etc.) but that wont be any use to you once you've been physically assaulted. No I'm more interested in how to help survive the emotional scar that may want you to question whether or not you are in the right job. First of all you need time out. Explain the situation to your line manager and have as much time as you need to recover. Don't let anyone put pressure on you to return to work. This will be sick pay and you have a right to it. It may be a day or two or a week or two but you will need time to recover (depending on the severity of the injury sustained). You could try and claim compensation but the likelihood is that you will just be reimbursed for a pair of broken glasses. First you must realize that you were unlucky. Being in the wrong place at the wrong time with the wrong person. This could have happened to anyone (even the most experienced of nurses at some time have been physically assaulted). Secondly you must realize that 'being on the front line' means you are exposed and that you should in future make all efforts to protect yourself. This means increased self awareness. Knowing the early warning signs described before. And thirdly talk about your feelings. Don't be ashamed. Your colleagues will be full of admiration for you, and after a while pass this experience on to them so that they will be better equipped. Physical bruises disappear over time. Mental ones don't go that quickly so be nice to yourself, treat yourself to something nice, go on a holiday, throw a party do anything but don't dwell on the occurrence, you will only make yourself ill.

Weapons

I remember earlier in my career as a psychiatric nurse an incident that happened whilst working as a charge nurse on an all male acute secure unit. This involved me being held

hostage in the nurse's office by two men with guns in their hands. Threatening to shoot me unless they got what they wanted (they were both highly elated and looked as if it was drug induced). For five minutes I felt as if I would never see my wife or children again. This was my last moment on earth. They wanted to be let off the ward. I had no support only a pregnant fellow nurse and a student female nurse and care assistant. With negotiation they agreed to wait for a doctor, but were still dancing around the office waving their guns. Eventually someone had managed to call for back up and several male nurses entered the ward and managed to get the patients to surrender (with a little restraint). The guns turned out not to be loaded. But I wasn't to know that. For weeks after I replayed the incident over and over in my head. Breaking out in a cold sweat and having vivid nightmares. I didn't take any time off work. I didn't talk to a counselor. I tried to block it out of my mind. All three were wrong actions. I know that now as again this could have been enough to put anyone off nursing. As described before there is a three pronged action programme after any assault. Firstly take time off work. As long as you need. Don't feel bad about this. Nobody else had to go through this. Only you. Only return to work when you are ready. Secondly ask to speak to a counselor. Let out all your thoughts and feelings to this person (this is what they are paid to do.) and thirdly talk to as many people as you can about how you feel. Don't bottle it up. Most people will be full of admiration for you. You survived where most might have crumbled. If you are unlucky enough like I was to be in the wrong place at the wrong time with the wrong people remember to not panic.

- **Keep your tone of voice calm and low pitched.**
- **Look for escape points in the building. These include doors and even windows.**
- **If you have a panic alarm… USE IT.**

Chapter Two

Stress

First of all it is important to understand what stress is, how it affects the individual and how it impairs their work performance. Stress by definition is a strain put upon the person by internal and external factors. Internally the body tightens up the muscles the cardiovascular system the sympathetic nervous system all constrict making it more difficult for the individual to function. Externally it is

outside factors such as pressure to perform pressure to accomplish and pressure to thrive in society. If any of these cannot be performed to a satisfactory level that the individual themselves impose upon themselves then the body will react adversely (see effects above . Stress is one of the biggest killers in our society and can lead to conditions such as cancer and hear disease and many neuropath logical disorders. It can affect you sleeping and eating and if overly stressed you work performance dramatically drops and your relationships with others goes into a spiraling decline. But what has this got to do with nursing. Well I can tell you now that of all the professions the one that the person is most likely to be suffering from stress is NURSING. Research as shown that more nurses suffer from stress in differing degrees than any other working profession in this country. You see nurses don't know how to look after themselves. They can sort problems in other people's lives but when it comes to sorting themselves out they are pretty much useless. Unfortunately nothing in your training could prepare you for what is to come stress wise and there is nothing to teach you of a) how to handle it
And b) how to recover from it.
A lot of the stress in nursing comes from having such high expectations. This is both from the public and you. You don't want to be seen in a bad light if you make a mistake. If you do make a mistake you have feelings of guilt and failure. You may feel your standards have dropped and that would imply that you are not a very good nurse. But mistakes are human, and to put you under that enormous amount of pressure is being extremely unfair to yourself. So don't stress if you make a mistake. Resolve not to do it again by all means but remember you are a human being and you are entitled to make mistakes just as much as anybody. Don't attempt to cover the mistake up. Own up to it take responsibility for it then you will have a better control over yourself and others will respect you more for having greater integrity. A ward manager came up to me once and recalled the time that I

changed her life as a nurse. She was in her final months as a student nurse and I was her mentor working on an acute psychiatric ward. She said to me Peter. How come you always look so relaxed? Nothing ever seems to bother you. All the other nurses appear so stressed. And she added that she felt the same way too. When I asked her why she felt so badly she added. There never seems enough time to do everything that is asked of you. You're doing one job then another one overlaps and you don't know what to do next. I told her quite simply and clearly that the reason for her stress was herself. You see that whatever job you are doing at the time IS THE MOST IMPORTANT ONE if anyone tries to deter you from this then you should make it clear that what they are asking you to do is be removed from an extremely important undertaking, and that should be made clear. Your job that you are doing is the most important one, work backwards from that ideology and makes it like rock in your mind. People will continually through the shift put expectations upon you. This is unfair as you are not multitasking. The more you keep smiling and asking everyone if they need help the more people will use you until you are spread so thinly that you wont be helping anyone including yourself at all. Quite simply I told her to concentrate o one task at a time. Make it the most important one. Let others do the worrying, remain confident in your abilities to handle crisis, be focused on your one task. When you have finished it move on to the next one when you are ready. It worked for her and I'm sure this method can work for you in preventing accumulative work stress.

I can't cope anymore

One of the first things you're taught by your peers when commencing nursing is not to bring your home life problems

to work with you. This is seen as a weakness in your performance and you won't be able to deliver an adequate standard of care to the patient. Well, I have worked with umpteen nurses and although this may seem okay on paper. In practice it is far from the truth. We are all human beings not machines. We are going to have crisis of differing magnitude from time to time. It could be just that you have had an argument with your partner or daughter. Or that the council has given you a count court judgment for not paying the council tax. It could be absolutely anything. Should you come to work? Of course you should. Should you tell your work colleagues? Of course you should. What you shouldn't do however is involve the patient. Dragging a patient into your personal life can later lead to all sorts of repercussions. They can manipulate you once they have knowledge of your emotional well-being. This can lead to conflict between you, the patient, the other patients who notice how much your talking to one patient in particular. It may help you at the time but in the long run you will wish that you had kept your mouth buttoned. I remember seeing a care assistant upon commencement of her night shift always make a beeline for a patient who was always keen to lend a sympathetic ear. Knowing that she had a very unsatisfactory home-life he charmed his way into these girls emotions. She didn't know she was being manipulated by him but when he started asking her for favours she found it very difficult to refuse. After all he had helped her. She resigned several months later as her work was too much strain. What she should have done was discuss her feelings with her manager and not the patient. If you don't you will pay for it in the end.
The problem with emotions is that prevent you from functioning to your best ability. So as a nurse how can you handle best your emotions.

Stress can lead to the ruination of many a good nurse especially if they become dependent on alcohol and an illicit substance called marijuana. Remember that nurses are just

as fallible as the rest of mankind to addictive behaviors. Especially stressed or emotionally upset nurses. The thing is that it doesn't take long to become addicted. It only has to give you temporary solace from all the madness a couple of times and then you are hooked. Its works quite simply.

You come home feeling drained after a hard shift. You have one or two unpleasant thoughts floating around in your head. Perhaps someone has said something to you to make you upset. A personal jibe. A criticism. It could be anything. But you can't seem to shake it off. You stop off at the off license on the way home from work. You pick up a bottle of wine or two. You skip eating. You don't have an appetite for food. You open the wine bottle instead. Gradually due to the effects of the alcohol you start to unwind as you watch some comedy on television. A couple of glasses later you have almost forgotten about the day and have moved on to other things. Maybe things that you don't feel are right in your life. A doomed relationship. A feeling that you want to do something different with your life. You take a few more gulps of wine. By the end of the second bottle you are flat out on the floor. Oblivious to everything. Mission accomplished. A few days go by. You have another bad shift. You remember what you did last time and it worked (even though you had a dreadful hangover the next day). So you stop off once more at the off license to buy some more alcohol. The same again as the evening a few days ago. And so the cycle becomes a habit. It's that easy. Some people say they are not addicted. But if you told them that they cannot drink again when they feel down they will soon tell you where to get off. I'm not saying that alcohol doesn't have some efficacy. It can work wonders in moderation. But if you are in the high risk group of professionals dealing with highly emotive issues then nurses are going to be more vulnerable than most people to becoming addicted to alcohol. So be warned. Instead of reaching for the bottle reach for something else less harmful.

Chapter Three

Allegations

This chapter is I feel one of the most important for you to read. It is not intended to scare or make you apprehensive about your chosen career, but rather to arm you with enough knowledge to guide you through what most people would describe as an extremely harrowing time. In this day and age that we live in it is a time of law suits, claims for compensation for injuries, claims for unfair dismissal, claims for this and claims for that. But as a nurse it is an unfortunate consequence of having the job, that often being on the front line means that you are exposed and in a very vulnerable position.

Imagine this. One day you wake up and relish in the fact that it is your day off from work. You may be taking the

children on a day outing to the zoo. You may be going to buy some new clothes that you've been promising yourself. Or maybe you're going to just put your feet up and chill out in front of the television to your favorite movie. And then this happens.
The telephone rings. "Hello Jane speaking. "Hello Jane this is John Munroe from work (your ward manager). I'm just phoning that there has been a serious allegation made by a work colleague about you. Because of this Jane you have been suspended from work on full pay and you will be invited to attend a hearing where the allegations will be put to you and you will be given the opportunity to defend yourself. This will be put in writing and sent to you through the post". You put the phone down in disbelief. You feel sick. Your mind becomes a complete blank. And for the rest of that day all the plans for enjoyment have just flown straight out of the window.

Okay let me put some truths to you now. Allegations are on the increase in this country for all sorts of reasons. There are a lot of nurses leaving the profession after many years of practice leaving a severe shortage for all sorts of reasons. What may seem that it is you against the world are in fact you against one other person. There is however a lot of support you can get to get you through this arduous journey. Most people who you thought were your friends suddenly disappear to the four corners of the earth. This is because they are afraid of jeopardizing there jobs NOT a personal judgment on you. This is a time where your family becomes an invaluable resource of support and reassurance. But first things first pick up the phone and contact either your RCN or Unison Representative. (Hopefully you have been keeping up with your. Union payments). You are protected with up to 3 million pounds worth of damages. These people can stand up for you in the disciplinary hearing and will aggressively defend your case. They are skilled in all the arts of negotiation and legal matters and know more than anybody about your rights. So it is vitally important you contact

them. They will not judge you or have any prejudices. And will be there throughout the course of things. They will ask to meet with you before the hearing to get as much background information as they can.

Before anything may happen there are several things for you to do. Firstly ensure that you are in union. These will be either the Royal College of Nursing or Unison. Secondly attend branch meetings if you can find the time and help with all their activities. Thirdly write down all useful contact numbers so that they are at hand if the untoward happens. The last thing you want to be doing is scrambling around looking for these numbers when your head is in turmoil.

When there is an issue there are lots of important things to know and do to protect yourself.
Never attend a meeting with managers unless you know what the purpose of the meeting is and who will be present.
Never attend a meeting with managers on your own. Always take a union representative or experienced work colleague. They will help you in the sense of what is being said.
Arrange to see your union representative as soon as you have had the allegation sent to you. You should also receive a copy of the organization's disciplinary process so that you will know what will happen.
If the suspension relates to a particular event record what you can remember of it as soon as possible. It's surprising how quickly you can forget things.
Make notes on everything that is being said at every contact with anyone so that you can reflect has been said later. You will be probably being feeling so stressed it will be difficult to absorb information. Better still record the meeting. As a matter of courtesy you will have to let the person conducting the meeting knows prior to the meeting as you may be refused permission. If your manager has nothing to hide they should agree.
You may need to send a copy of your notes to the manager to

write and clarify any points that they may disagree with.
Keep your notes in a file and start a diary so you can quickly see what has happened and when.
Use letters and e mails to communicate. People say things on the telephone which they may later deny or claim to have misunderstood.
Get someone to check all your documents notes of meetings letters and notes of investigations. You need to get them to check for clarity and carefulness of expression so that you don't damage your case.
When you send letters think who else should see what you are writing and send them a copy.
During meetings request regular breaks so that you can collect your thoughts.
Following the investigation if no disciplinary action is taken but there is to be retraining ask for a copy of the report. There may be errors that need correcting on which the retraining issues are based.

When the whole thing is over store your notes and letters and records and keep them. You may want to sue the organization in the future.
Ask to see your personal file to view the documents entered there.
One year later ask to see your personal file again to ensure all references have been removed. You have served your time.

The most important thing to do and this may sound trite is not to worry. Spend as much of the free time using it constructively. DON'T WASTE IT BROODING. If it helps think of it as paid holiday. Remember that the decision for dismissal will ultimately not be yours. The only things you control are your emotions. Relax as much as possible. Eat as

healthily as you can. Go for long aerobic walks in the countryside. Don't be alone for too long. Enjoy the extra time spent with your family. Don't consume too much alcohol. Know that you are much stronger than that.

One friend of mine had a serious allegation against him from another member of staff. He could have wasted his time off by wallowing in self pity. Instead he did something remarkable. He did what he'd always promised himself to do. He converted his attic into a home cinema. A state of the art projector was bounced onto a 6ft screen. Surround sound speakers were fitted. And an exquisite leather reclining seat. Family and friends remarked that it was just being like at the pictures. My friend comforted himself by watching film such as it's a Wonderful Life and Braveheart. He survived the allegation.

I've read so many stories of how allegations destroy nurse's lives. They become severely depressed. Thoughts of hopelessness, desperation, alcohol/ drug addiction and moments of such low that thoughts of suicide even enter the head. It destroys relationships; it destroys careers and also your faith in your fellow human being. "Who can you trust after this?" what you have to do is not think of the future but of the day, the hour, the minute. To survive you have to concentrate on the NOW. And do anything that improves the quality of the now. ANYTHING. But how do you get those thoughts from your head. Replaying the allegation whatever it is. Over and over in your head it goes. Every five minutes of the day. One of the best techniques described to me is called *disassociation.* This is a psychological technique which asks you to step out of the thought image. Fade it to black and white. Shrink it to the size of a postage stamp and watch it blow away in the wind. Now replace it with a time or place where something really pleasurable happened in your life. A really good memory for you where you felt wanted loved or even relaxed and really good about yourself. If you do this

(there are many extremely good self hypnosis/self help books on the market for this). Then I guarantee you will feel better more focused calm and relaxed and more in control of your thoughts. One other sound piece of advice is DO NOT GIVE IN. HANG IN THERE. You will survive.

One of the most important things you have to do in response to an allegation is to prepare a statement. Once again there is a host of websites available on the internet for doing this. They will show you what to include and what to leave out. It is important that you do this as early as possible so that you don't feel any extra pressure which you can well do without right now. Okay then let's recap on all the things you will need to do to survive.

Contact a union representative (RCN or Unison) in nursing.
Prepare a statement of defense. (Visit website to show you how).
Try and enjoy the time off. Use the paid time constructively. Don't waste it bemoaning your misfortune. Remember you can't control the future but you can control how you spend your day.
Use psychological warfare on your negative thoughts. All the ones telling you that you are doomed and a bad person. This includes positive reinforcement i.e. loving yourself. And disassociation to replace the harmful thoughts with much more pleasurable ones. Another helpful way of looking at things is to see your managers dressed up as clowns making them less fearsome and more comical.
On the day of the hearing it is important that you continue to have control over your emotions. Relax as much as possible. Remember the final decision is not yours but someone else's, and they will have to take full responsibility for this. Whatever the outcome you will have the right to an appeal and this could go on for up to a year. (Although I'm sure you will want it done ad dusted as soon as possible.)

If the allegations are upheld then you may lose your job,

your pin number and even be threatened with legal action. The one thing that you should remember if the worst of the worst ensues is that you are not alone. You will always have the support of your family and friends. And you WILL have a life after nursing. There are thousands of people being put through these trials all the time and it is on the increase, you are not the only one. One of the most important factors of an allegation against a nurse is the stigma attached to being a caring person to a none caring person. You know yourself better than anyone. You came into nursing to care for people so fundamentally your heart is in the right place. One mistake does not make you a bad person. Though through this experience I'm sure you will learn from it.

And if you do survive (which most people do as most allegations can never be 100% proved). I suggest you have a holiday, step back and let others set their alarm clocks for the morning shift. You deserve a huge pat on the back. Well done for surviving. If there are any emotional scars then this is natural. And whether you decide to continue working at the same place or somewhere else you can now consider yourself a much wiser person. You've just gone through one of the worst scenarios for any nurse and survived. Be proud of this fact and don't forget to thank everyone that supported you. You will never forget their help and love.

Chapter Four

Difficult Situations

Problem patients and relatives

What is a problem patient? The person who continually asks for your assistance. The person who refuses to cooperate with you. The person who makes personal comments about you of a derogatory nature. In fact all three are problem patients and can make your job seem twice as difficult. All three can be dealt with appropriately however with assertive behavior. You don't have to take abuse and neither should your bosses expect you too. Therefore it is imperative that you develop the right kind of assertive skills necessary in handling these patients. See class on how to be assertive.

Likewise problem relatives can be just as difficult to manage. They come to you saying that there relative isn't being looked after properly. That you aren't nursing them properly. That you are wholly responsible for the decline in health of their loved one. (Nothing to do with the illness or anybody else of course. Yes the nurse once again finds themselves on the frontline. Not a doctor in site. High emotion gives rise to anger often aimed at the nurse. Often the relative is feeling guilty and will try to displace some of that guilt onto the nurse. This is to make them feel better. But remember you don't have to take this and by being assertive you will not have to take the blame.

Dying Patients

Okay now were going to deal with one of the most difficult subjects that of the dying patient (or dead). Why talk about this. Well as a nurse you may well come across it time and time again. For most people this subject is taboo. But for a nurse it can be a common occurrence. And having to handle death emotionally can be draining and soul destroying (after all aren't we in the business of saving lives). We all die eventually. Nobody lives forever. I know this is a crass statement but it needs to be spelt out in order to make sense of it all. No matter how fit or well you may have been, with no illness you will die eventually. As a nurse death (the first one can be emotionally destroying. 'I was only speaking to him yesterday'. I became close him maybe too close. Are common statements made by nurses after a death? We have to build up relationships for therapeutic reasons. The when someone's dies its like losing a member of the family. Okay stop there. We come into nursing for different reasons. To make a difference. To give something back. Because we care about our fellow suffering human beings. But whatever the

reasons it stops when you put on your uniform. It has to else you deliver the best possible care you have distinguish quite clearly between sympathy and empathy. Sympathy is understanding someone's pain on an emotional level. I.e. your emotions play a part of the relationship. Empathy is dealing with someone's pain by understanding from an outsiders view. I.e. your emotions remain unaltered and unaffected. That doesn't make you a cold hard person. It makes you a stronger more capable person. And if you won't to have a long happy career you're going to have to toughen up on your emotions. But that's easier said than done you say. I'm an emotional person with feelings. Well take a look around your ward. If you become emotionally upset over one person what's going to happen to the rest of these lovely patients. Who's going to care for these poor mites? You've got to see the bigger picture to survive. Start right. Don't become emotionally attached. If you feel you are, distance yourself a little. You may not want too but believe me you are only going to hurt yourself and all the other patients if you don't. Secondly look at yourself hard. Why do you become emotionally attached? Is there something missing in your life. Something hurtful from the past. Let it go now. This will always interfere with your nursing and prevent you from moving on. Talk to others about how you feel. It often helps. Remember too that death is often the best possible outcome. To relinquish the suffering of another human being (see appendix on euthanasia). This is often the best thing for a human being. The sadness stays with the people which they leave behind. But life is continually evolving. Another human being is born and life goes on. Don't punish yourself by saying things like I could have done more. That is common. There will be lots of whys and a lot of if only. These statements are pointless. If you try to make sense of it all don't bother as there are no philosophical answers. Life is a wonderful mystery and if you are a god fearing person then you will know that he is the only one who knows the truth and true meaning of it all.

Part Three (Tricks of the Trade)

Chapter one

Care Plans

Most of client based nursing you will come across whether it is in a hospital or at home is based around good solid care planning. This is a list of instructions to ensure the patient either recovers from an illness or is maintained at their

optimum level of health. Without care plans nurses would have no guidelines or framework to work around. And there would be a hell of a lot of confusion by all parties concerned. Therefore you will need to become somewhat of an expert at them if you are to be the super efficient nurse that you desire to be.

One of the main concerns of student nurses is the basic question 'How do I write a good care plan'? Care plans are sometimes too over elaborate or too vague. What I have included here is a framework that simplifies the A.P.I.E process. (Assessment, Planning, Implementation and Evaluation). If you remember to follow it then writing care plans will become second nature and not as difficult as at first seems.

Assessment

First of all you must gather all the information that leads to the diagnosis of the patient and its resolution. Divide this into two lists Subjective data and Objective data. Secondly discard all other information not relevant to that diagnosis.

In the subjective data include

Client complaints

Description of the client's support system

Behavioral and non-verbal messages

Clients awareness of his/her own abilities or disabilities, disease process, prognosis, health care needs, and available resources.

In the objective data include relevant

Physical assessments including vital signs e.g. Blood pressure.

Observations of the support system in action

Judgment of the client's readiness for learning

Chart information including test results.

After the assessment stage is the diagnosis.

Diagnosis

When writing a plan with several diagnosis write the diagnosis with the highest priority first.
Secondly select diagnosis that you can actually resolve.
Write out the three parts of the diagnosis. (R.E.D).
R= the human response to the diagnosis e.g. Anxiety
E=Aetiology or related factors/events
D= Data that supports the diagnosis

Goals

Number each goal stating the goal, the tool to measure the goal and the time to evaluate.(G.T.T)
The goal must be stated in terms of client achievement e.g. Reduction in anxiety
Each goal must be measurable.eg. 1-10 (anxiety rating tool)
Each goal must have a target date
Write at least one short term goal for every diagnosis
Write at least one long term goal for each plan.

Planning

After each goal list specific nursing actions used to work

toward the goal.
Nursing actions must be specific
After each nursing action cite the source of the scientific rationale.
The rationale must be logical and relevant

Evaluation

State when the plan was evaluatedeg.9/3/2005
Draw conclusions e.g. helping the client to talk about their feelings reduced the sense of isolation.
Consider changes/additions to the interventions.
State when the next evaluation is eg.9/4/2005.

The best plans are the ones that read easiest. Avoid big words. Long sentences and personal judgments/feelings.

Chapter Two

How to give an injection

Confirm your doctor's order. Check the medication with the order. Prepare the syringe.
Identify the patient. Explain the injection order.
Wash hands
Continue step by step explanation to the patient. Choose the site and prepare the patient for privacy.
Put gloves on. Swab the site with an alcohol pad. Swab in a circular motion outward from the site 5cm.
Spread the tissue taut with the non dominant hand. Have the patient relax and ask him to take a deep breath. As he inhales insert the needle in a quick dart like fashion.
Hold the syringe barrel with the non dominant hand and slowly draw back with the plunger. If you aspirate blood withdraw the needle and start over with fresh medication and new syringe/needle.
If no blood returns slowly inject the medication to distribute it evenly and to minimize discomfort.
When all the medication has been injected withdraw the needle. Apply pressure to the injection site with fresh alcohol swab. This keeps the medication from infusing back into the

subcutaneous tissue.
If medication can be absorbed rapidly you can massage the site for two to three minutes.
Discard the syringe according to protocol. Never recap. Wash your hands.
Assess patient for response to injection.
Document time, medication, dose, and site and patients response to medication.

Tips

Have patient lying flat on bed face down on bed (prone) with toes pointing in for dorsal gluteal injection (buttock).

Have patient lie side with upper leg flexed and forward for ventrogluteal injection.
Have patient lie supine with toes pointing midline for vastis lateralis injection.
Have patient sitting with elbow bent and forearm supported for deltoid injection.

What you need

Doctor's order and medication
Syringe, needle and alcohol swabs in kidney dish
Gloves.

Chapter Three

How to remove stitches or sutures

Check the doctor's order for suture removal. Assemble your tools and wash your hands.
Identify the patient. Assess the wound for appropriate healing and note any signs of infection. If any infection is apparent, or healing seems inadequate contact the doctor before proceeding.
Cleanse the wound with an antiseptic cleanser. To remove any dried blood and loosen any scar tissue. Explain the procedure to the patient. They may feel a slight pinch or pull as the suture is removed but it should be painless.
Using sterile forceps with your non dominant hand gently lift the suture at the knot. Using suture scissors clip the thread as close to the skin as possible. Lift the suture out with the forceps. Gently tug on the suture to remove if needed.
Assess healing as you remove each stitch. You can remove each stitch in succession or skip every other one until you

reach the end and then return to the top end remove the rest of them.
When all the sutures have been removed reswab the area with antiseptic.
Apply adhesive strips or a dry dressing as needed per doctor's orders. Reve gloves and wash your hands.
Document the procedure and include description of how well the patient tolerated the procedure. Any drainage redness bleeding etc. (i.e. 10 sutures removed from patients left arm skin tear. No bleeding, redness or signs of infection present. Edges are well approximated. Area was swabbed with normal saline prior to and after suture removal. 5 steri strips applied. Patient tolerated procedure.

Tips

Different parts of the body heal at different intervals. Common time to remove stitch wounds is 3-5 days scalp wounds 7-10 days, limbs 10-14 days, joints 14 days.
If you snip the suture as close to the body as possible minimal suture will be pulled reducing the pinching pulling sensation for the patient. It also reduces the risk of infection being pulled through on the sutures.
Not all stitches must be removed. If a small area remains unhealed notify the doctor as sutures can only be removes from healed areas only

What you need

Sutures removal kit
Steri-strips
Antiseptic
Gloves
Dressing supply

Chapter Four

How to take blood pressure

Ask your patient to sit comfortably and relax.
Wash your hands
Push the patients sleeve up and wrap your deflated pressure cuff around the arm just above the elbow. Centre the cuff bladder over the brachial artery and position the gauge so you can easily read it. Leave enough room to slide two fingers in between the arm and the cuff.
Extend the arm and support it at heart level. Palpate for a brachial pulse over the brachial artery in the crook of the elbow.
Insert the stethoscope earpieces into your ears and place the bell or diaphragm over the place you felt the brachial pulse.
Close the bulbs thumbscrew by turning counter clockwise. Listen to the brachial pulse as you pump air into the cuff and rapidly inflate to 10mm/Hg above where you heard the last sound.
Slowly open the thumbscrew on the bulb and allow 5mmHg/sec to drop. Watch the gauge and listen as the cuff deflates. Mentally note the pressure on the gauge when you hear the first sound (this is the systolic pressure)
Continue listening as the cuff deflates and when you can no

longer hear the pulse, record this number as the diastolic pressure.
Then rapidly deflate the cuff. Wait one minute if you need to repeat your measurement to confirm.
Write down your findings and wash your hands.
The systolic pressure represents the maximum pressure in the arteries as the heart contracts. The diastolic pressure represents the pressure in the arteries when the heart is at rest.
Optimal blood pressure is considered less than 120systolic and 80 diastolic.

Tips

Never take a blood pressure in an arm with an IV line in place, a dialysis or other fixed tube or on the same side as a mastectomy.
Wait at least one minute between repeating a measurement.

What you need

Stethoscope
Sphygmomanometer

Chapter Five

How to perform a simple dressing change

Check the doctor's order and identify the patient. Explain the procedure.
Wash your hands.
Assemble your supplies. A simple dressing change is a clean procedure, not a sterile one unless your facility requires it to be.
Don gloves. Assess the dressing and remove. If the dressing is stuck apply a small amount of saline solution to soak it loose. Observe for drainage and odour if any.
Cleanse the wound as directed usually with normal saline solution.
Observe the wound for healing. Measure the length and with anatomically.
Remove gloves wash your hands again don clean gloves
Apply new dressing and secure with tape.
Remove gloves. Double bag all dressing materials and trash. Dispose per facility policy. Wash your hands.
Document procedure including description of wound size shape colour drainage odour periwound area and how the patient tolerated the procedure.

What you need

Gloves
Bandage scissors
Dressing materials
Tape measure
Sterile swab.

Appendix A

A List of relevant medications

This list has been included to vastly improve your knowledge of the complete range of pharmaceutical drugs that you will come across as any type of nurse. For a more comprehensive understanding you can consult this years B.N.F.

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Analgesics and Anti-inflammatory
Antianxiety Agents
Antiasthmatic
Antibiotics
Antidepressants
Antihistamines
Antihypertensives
Antipsychotics
Beta Blockers
Lipid Lowering Agents

Analgesics and Anti Inflammatories

Acetaminophen
Advil
Aleve
Anaprox
Aspirin
Bextra
Celebrex
Celecoxib
Diclofenac
Dolib
Ibuprofen
Motrin
Nabumetone
Naprosyn
Nuprin
Relafen
Refecoxib
Solarize
Tylenol
Valdecoxib
Vioxx
Voltaren

Antianxiety Agents

Alprazolam
Ativan
Buspar
Buspirone
Clonazepam
Diazepam
Klonopin
Lorazepam

Oxazepam
Rivotril
Serax
SSRI's
T-Quil
Valium
Valrelease
Xanax

Antiasthmatic

Accolate
Albutarol
Asmabec
Atrovent
Beclazone
Beclomethasone
Beclovent
Becodick
Becotide
Budesonide
Flixotide
Flovent
Fluticasone
Ipratroprium
Maxair
Montelukast
Pirbuterol
Prednisolone
Proventil
Pulmicort
Qvar

Salbutamol
Salmeterol
Serevent
Singulair
Theophylline
Vanceril
Ventolin
Zafirlukast
Zileuton
Zyflo

Antibiotics

Amoxicillan
Azithromycin
Bactrim
Biaxim
Bicillin
Ceclor
Cefaclor
Ceftazidine
Ceptaz
Cipro
Ciprofloxacin
Clarithromycin
Cleocin
Clindamycin
Cotrim
Cotrimoxazole
Doryx
Doxycycline

Emgel
Erythromycin
Fortaz
Fortum
Levaquin
Levofloxacin
Linezolid
Lyphocin
Moxifloxacin
Ncomycin
Penicillin
Rifampin
Septra
Strepomycin
Sulfamethoxazole
Sulfatrim
Tetracycline
Trovafloxacin
Trovan
Vancocin
Vancomycin
Zithromax
Zosyn
Zorim
Zyvox

Antidepressants

Amitriptyline
Amoxapine
Antipres
Asendin
Carbolith
Celexa
Citaprolam
Cymbalta
Desyrel
Duloxetine
Effexor
Elavil
Endep
Eskalith
Flexitime
Fluvoxamine
Migraine
Janimine
Lithium
Luvox
Mirtazipine
Nardil
Nefazodone
Paroxetine
Paxil
Phenelzine
Prozac
Remeron
Seroxat
Sertraline
Serzone
Tofranil
Trazodone
Venlafaxine
Yentreve

Zoloft

Antihistamines

Alavert
Allegra
Atarax
Aventis
Benadryl
Cetirizine
Chlopheiramine
Claritin
Diphenhdramine
Fexofenadine
Hydrolysing
Loratidine
Reactine
Serenadine
Vistaril
Zyrtec

Antihypertensives

Accapril
Accon
Altace
Benazepril
Capoten
Captopril
Coversyl
Enalapril
Enalaprilat
Fosinopril
Lisinopril
Lotensin
Mavik
Moexipril
Monopril
Perindopril
Prinivil
Quinapril
Ramipril
Trandolapril
Univase
Vasotec
Zestril

Antipsychotics

Abilify
Amilsulpride
Aripiprazole
Chlorpromazine
Clozapine
Clozaril
Fluanxol
Flupenthixol
Fluphenazine
Geodon
Haldol
Haloperidol
Hibernal
Largactil
Loxapac
Loxapine
Loxitane
Mesoridazine
Moban
Modecate
Molindone
Navane
Olanzapine
Permitil
Perphenazine
Piportil
Pipotiazine
Prolixin
Quatrain
Risperdal
Serentil
Seroquel
Solian
Thiothixene
Thorazine
Triavil

Trilafon
Zeldox
Ziprasidone
Zotepine
Zyprexa

Beta Blockers

Acebutol
Atenelol
Betalox
Betapace
Betaxolol
Bisprolol
Blocadren
Carteolol
Cartrol
Corgard
Inderal
Inderide
Innopran
Kerlone
Liberally
Lopressor
Metipranolol
Metroprolol
Monitan
Nadolol
Normodyne
Optipranolol

Pindolol
Propranolol
Sectral
Sotacor
Sotalol
tenor in
Timolide
Timolol
Toprol
Trandate
Visken
Zibeta

Lipid-Lowering Agents(fat)

Atorvastatin
Crestor
Lipitor
Lovstatin
Mevacor
Niacin
Nicotinic Acid
Pravachol
Pravastatin
Rosuvastatin
Simvastatin
Zocor

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Appendix B

Referencing

The system of referencing used in the school of nursing is called the *Harvard* system. This is used at all degree levels too.

If you use any information from a book you must reference. If you don't this is called *plagiarism*. Try not to include to much information about three references for each A4 is about right. In the main body of the text if information is included from an author(s). You must say so e.g. Macloy(1982). That is the author of the book and the date it was written. If the information is more specific i.e. a phrase sentence etc. is used then cite the author date and page number e.g. (Macloy, 1982, p. 112).

All references used in the main body of assignment need including in the reference list at the end of the assignment. This is in alphabetical order by author surname. Books, journal and other media are all included in the same list, do not separate books fro journals, it will confuse your reader.

Books are listed by author, date title, place of publication, publisher.

E.g. Line, J. (1998) *Psychology in Practice*: London University Press.

The title of the book is either underlined or placed in italics.

Journals

Journals are listed by author, date, title of article, title of journal, part number, page numbers.

E.g. Stomch, R and Dales, P. (1999) 'Inwards for knowledge in information technology', *The Curriculum Papers,* 2, 2 153-179.

Chapters in edited books

If you use quotes from a chapter in an edited book you need to follow the following form. Firstly you quote the author of the chapter and the date of the book. E.g. Mirchoff, W. (1982) The Desired Way to Practice: University press. In P. Sliplow. *Studies On Reflection*(pp. 75-119) Milan: Free Press.

Electronic Information

Similar to journals you need to know the author, date and title. For web pages you must include the full web page.

E.g. Pearson M. (1999) *Online study skills* http:\ www.hud.ac.uk\schools\skills\referen.htm, Date accessed 16/9/99. Note you must include the date you accessed the information as this can be modified at any time. And that's it for assignments. Two other important things to mention is DON'T LEAVE IT TILL THE LAST WEEK. Believe me the stress you put yourself under isn't worth it. Be proactive deal with it then relax while others flap. And also MAKE A BACK UP COPY. On floppy disk or cd rom or print out. A lot of students have mislaid their assignments and you will get no sympathy from the lecturers if this happens so always duplicate your assignment immediately.

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